

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021629

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5030

FILED MAY 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN **St. Louis, Mo.**

Length of stay in 1b

184 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION **St. Louis Chronic**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (if outside, give location)

5959 Theodosia

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First **Willie**

Middle **A.**

Last **Grant**

4. DATE OF DEATH

Month **5** Day **8** Year **1963**

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-15-1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Agusta Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dock Cummings

13b. MOTHER'S MAIDEN NAME

Charity

14. NAME OF HUSBAND OR WIFE

Epson Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

NO.

17. INFORMANT

Address

Willie Ann Chunn 4346 Cote Brillian

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic, heart disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11-5-62**

to **5-8-63**

and last saw her alive on **5-8-63**

Death occurred at **5:15 A.M.**

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Am Huggins, M.D.

22b. ADDRESS

634 N. Grand

22c. DATE SIGNED

5-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-11-63

23c. NAME OF CEMETERY OR CREMATORY

Father Dickson Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Mo.

24. FUNERAL DIRECTOR

Bannister Mortuary

ADDRESS

Washington

25. DATE RECD. BY LOCAL REG.

MAY 9 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300 Rev. 4/59

1

2 **206**

3

4 **3**

5 **2**

6

7 **1**

8 **2**

9

10

11

12 **76-0**

13

76

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy W. Jannister

Licensed Embalmer No. 4523

P. O. Address 4251 WASHINGTON

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.